CLASSIFICATION SECRET

CENTRAL INTELLIGENCE AGENCY

INFORMATION FROM
FOREIGN DOCUMENTS OR RADIO BROADCASTS

REPORT

CD NO.

50X1-HUM

COUNTRY USSR

SUBJECT Medical - Diagnosis

HOW PUBLISHED Weekly newspaper

WHERE PUBLISHED Moscow

DATE PUBLISHED May 1949

LANGUAGE Russian

DATE OF INFORMATION 1949

DATE DIST. 7 Jun 1949

NO. OF PAGES 2

SUPPLEMENT TO REPORT NO.



THIS IS UNEVALUATED INFORMATION

SOURCE Meditsinskiy Rabotnik, No 20, 1949

## TIMELY DIAGNOSIS OF GASTRIC CARCINOMA IS IMPORTANT FOR CURE

M. Pevzner, Professor
Honored Scientist

The most important prerequisites for success in the fight against gastric carcinoma are timely diagnosis and extensive propagation of the view that cancer is curable.

Our problem is to learn to make differential diagnosis of cases with the so-called initial symptoms and those symptoms which are not typical of gastric carcinoma but occasionally simulate other diseases. The general symptoms known at this time -- asthenia, emaciation, anemia, sudden asitia, and also the presence of slightly palpable or roentgenographically determinable tumors -- do not always warrant the inoperableness of cancer and subsequent malignant processes.

In order to clarify the clinical symptomatology of atypical cases, practitioners must be freed from prejudices existing at this time. We do not have the right to exclude suspicion of gastric carcinoma because a case is not old, is not emaciated, is not losing appetite, or is not anemic. Cancer is possible even if a case not only indicates the presence of hydrochloric acid in the stomach contents but also a severe hypersecretion; it is also possible when all symptoms characteristic of tumors are present -- heartburn and bilious eructation, gastralgia brought on by food intake and by the type of food. Finally, negative roentgenographic findings of other clinical symptoms do not assure the absence of gastric carcinoma.

We should mention first the so-called latent cases who do not feel ill and do not require medical attention. According to the data of the Central Institute of Roentgenology, such cases constituted 8 - 10 percent of all those examined at the Institute. In our country, which enjoys free competent medical aid and far-reaching progress in hospitalization, it is fully possible to expose those afflicted with unapparent forms of cancer. Along with the expansion and improvement of X-ray aid, it is necessary to insist on the hospitalization of the chronic cases, particularly those afflicted with anacidic gastritis developing into tumor, perigastritis of various origins, and antral gastritis.



CLASSIFICATION SECRET

| STATE | NAVY | NSRB | DISTRIBUTION |
|---|---|---|---|
| ARMY | AIR | FBI | |

The necessity of hospitalizing all those afflicted with anacidic gastritis is indicated by past results of treating such cases in our clinic. Of the 165 such cases, seven had gastric carcinoma and one had esophageal carcinoma.

The second group of atypical cases is gastric carcinoma with an initial symptom of profuse hemorrhage (from the stomach or intestines). In these cases the differential diagnosis of tumor and cancer is often made more difficult. The absence of anamnesis, characteristic of tumors, and persistent hemorrhage (not profuse), despite a negative roentgenologic analysis, strengthen the possibility of cancer.

The more important symptoms to note in these cases are: in stomach tumors the pain usually subsides after a profuse hemorrhage; an intensification of pain always indicates cancer and rarely syphilis.

The third group is composed of these atypical cases with irregular, painless dyspeptic symptoms occurring suddenly, although at times these may appear gradually. These cases show symptoms of discomfort after meals -- fullness or pressure, indifference to certain food (pica and capricious appetite), or a bulging or rolling sensation in the gastric pits after meals.

The fourth group consists of numerous categories of cases with cancer of the pylorus, duodenal papillae, and subcardial region of the stomach. I do not agree with those authors who believe that cancer of these regions develops without any symptoms. Atypical forms of cancer of the subcardial region of the stomach often occur with symptoms which simulate diseases of other organs -- intercostal neuralgia, paracardiac pains, angina pectoris, radiculitis -- and lead to erroneous diagnosis. These forms can be differentiated by the change in the physical condition of the case during the progress of the disease -- for two or more years there may by no symptoms of asthenia, anemia, emaciation, or positive dysphagia.

Gastric carcinoma is not a localized disease; therefore, surgical operation cannot be considered as merely a technical dissection of the tumor. The operation influences the biological processes in the organism, creates more favorable conditions for restoring organic resistance, and develops the adaptive mechanisms.

Therapeutists must study those pathogenic factors which are sometimes undetected and affect the various organs and systems of the organism and lead to fatal results without metastasis in 50 percent of the cases.

Timely and intelligent "radicalism" in surgery and scientifically based, clinically tested measures to increase the postoperative resistance of the organism should prove successful in the fight against cancer. Therapeutists are confronted with an important problem, that of actively participating in this fight -- with the help of the prophylactic divisions in the clinics and hospitals -- in carrying out the study and treatment of gastropathy, which foreshadows the development of cancer.

- E N D -